

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

07 OCT 29 PM 2: 12

SECRETARY OF STATE STATE OF IDAHO

Safe Haven Healthcare	
The true name(s) and business address(es business under the assumed business name Name CareFix Management and Consulting, Inc. (V15500)	s) of the entity or individual(s) doing ne: Complete Address 3400 Stockman Rd., Pocatello, ID 83201
3 The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction	nder the assumed business name is:
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street
Scott F Burpee 3400 Stockman Rd., Pocatello, ID 83201	PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledgmen	(208) 334-2301
copy is (if other than # 4 above).	
	Secretary of State use only
gnature:	Permitable formalable formalable p65 Permitable formalable p65 Permitable formalable p65
pacity/Title: President and CEO	Parameter Parame
(see instruction # 8 on back of form)	IDAHO SECRETARY OF S

10/29/2007 05:00 CK: 188893 CT: 1177 BH: 1882968 1 # 25.88 = 25.88 ASSUM NAME # 3

